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# Problems Assessing Indoor Tanning-Related Injuries-Reply

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In our study in the February issue of *JAMA Internal Medicine*,[1] we found that an average of 3234 indoor tanning–related injuries were treated annually in hospital emergency departments in the United States from 2003–2012. The majority of injuries were directly related to ultraviolet radiation (UV) from indoor tanning devices: skin burns comprised 79.5% of injuries; and injuries to the eye, primarily burns, 5.8%. Additional injuries (eg, lacerations and broken bones) often related to fainting during or directly following indoor tanning, or being hit by a device's lid or door, were reported.

In his letter, Mr Kohs mentions a narrative from the Consumer Product Safety Commission (CPSC) National Electronic Injury Surveillance System (NEISS) data set. This is not the data set that we used. Instead, we used the NEISS-All Injury Program (NEISS-AIP). The data set that Mr Kohs mentions, the NEISS, only retains records for consumer products. Since indoor tanning devices are classified as medical devices, not consumer products, indoor tanning device injuries are not included in the NEISS data. The CPSC removes the tanning bed product code from cases with more than 1 product code and removes the case completely if the tanning bed product code was the only code used. The data set we used, the NEISS-AIP, collects information on all injuries rather than just consumer product–related injuries.[2]

Mr Kohs mentions concerns related to public access to the data included in our analysis. The NEISS-AIP public use data set, and related documentation, is available to the general public.[3] The patient case narratives we used are not available on the public use data set because of preexisting rules of nondisclosure and confidentiality provisions agreed upon by all federal participants funding the NEISS-AIP.

As noted in our article, we used a text mining process on the patient case narratives with explicit and objective inclusion and exclusion criteria to ensure that included cases represented injuries attributable to indoor tanning. Cases were initially selected using a keyword search. Each case narrative was reviewed and classified by 3 study researchers to confirm that the injuries were attributable to indoor tanning, with classification differences resolved by consensus. Cases not involving the use of an indoor tanning device were excluded, such as injuries resulting from sun exposure, moving or cleaning an indoor tanning device, and working at a tanning salon. Thus, the narrative provided by Mr Kohs would have been initially selected based on the keyword search but excluded upon case

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narrative review since the injury was not directly related to the use of an indoor tanning device.

Our study provides national estimates of indoor tanning– related injuries treated in emergency departments in the United States. Although indoor tanning–related injuries might account for a small portion of the total injuries treated in US hospital departments, it is clear that these are avoidable injuries that result in harm to the injured person and cost to treat the injuries. In addition to causing acute injuries, indoor tanning, a known carcinogen, increases the risk of skin cancer.[4]

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